


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 26, 2005 08:00 AM
Secretary of State

DOCUMENT # P01000075122		
1. Entity Name CARMEN RAMIREZ, M.D., P.A.		

Principal Place of Business 802 WEST DR MARTIN LUTHER KING JR BLVD D PLANT CITY, FL 33563	Mailing Address 802 WEST DR MARTIN LUTHER KING JR BLVD D PLANT CITY, FL 33563
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07202005 No Chg-P CR2E034 (10/03)

4. FEI Number 59-3746612	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent RAMIREZ, CARMEN MD 802 W DR MARTIN LUTHER KING JR BLVD STE D PLANT CITY, FL 33563		DO NOT WRITE IN THIS SPACE
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.		

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstalling) DATE _____

**FILE NOW!!! FEE IS \$150.00
Due by September 7, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P RAMIREZ, CARMEN MD 802 W DR MARTIN LUTHER KING JR, STE D PLANT CITY, FL 33563
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**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental statement is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or liquidator of the corporation; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other lines empowered

SIGNATURE:  CARMEN RAMIREZ 8/24/05 813-707-9101
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #